

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

VICKI LYNN HOPKINS
a.k.a. VICKI LYNN TURNER
831 East 3rd Ave., #13
Escondido, CA 92025

Registered Nurse License No. 640155

Respondent

Case No. 2012-169

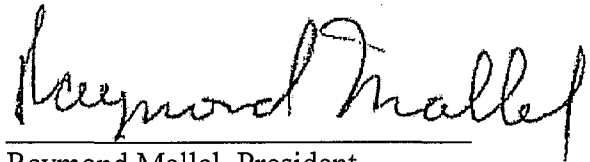
OAH No. 2012030022

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on **March 8, 2013.**

IT IS SO ORDERED **February 8, 2013.**



Raymond Mallel, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

1 KAMALA D. HARRIS
Attorney General of California
2 LINDA K. SCHNEIDER
Supervising Deputy Attorney General
3 SHERRY L. LEDAKIS
Deputy Attorney General
4 State Bar No. 131767
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Attorneys for Complainant
8

9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 2012 169

12 **VICKI LYNN HOPKINS,**
13 **AKA VICKI LYNN TURNER**
831 East 3rd Ave. #13
14 Escondido, CA 92025

OAH No. 2012030022
STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

15 **Registered Nurse License No. 640155**

16 Respondent.
17

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Louise R. Bailey, M.Ed., RN (Complainant) is the Executive Officer of the Board of
22 Registered Nursing. She brought this action solely in her official capacity and is represented in
23 this matter by Kamala D. Harris, Attorney General of the State of California, by Sherry L.
24 Ledakis, Deputy Attorney General.

25 2. Respondent Vicki Lynn Hopkins, aka Vicki Lynn Turner (Respondent) is represented
26 in this proceeding by attorney Robert L. Freeman, Esq., whose address is: 1673 Kettner
27 Boulevard, San Diego, CA 92101.

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1 3. On or about July 13, 2004, the Board of Registered Nursing issued Registered Nurse
2 License No. 640155 to Vicki Lynn Hopkins, aka Vicki Lynn Turner (Respondent). The
3 Registered Nurse License was in full force and effect at all times relevant to the charges brought
4 in Accusation No. 2012 169 and will expire on January 31, 2014, unless renewed.

5 JURISDICTION

6 4. Accusation No. 2012 169 was filed before the Board of Registered Nursing (Board),
7 Department of Consumer Affairs, and is currently pending against Respondent. The Accusation
8 and all other statutorily required documents were properly served on Respondent on September
9 22, 2011. Respondent timely filed her Notice of Defense contesting the Accusation.

10 5. A copy of Accusation No. 2012 169 is attached as exhibit A and incorporated herein
11 by reference.

12 ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 2012 169. Respondent has also carefully read, fully
15 discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary
16 Order.

17 7. Respondent is fully aware of her legal rights in this matter, including the right to a
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
19 the witnesses against her; the right to present evidence and to testify on her own behalf; the right
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of
21 documents; the right to reconsideration and court review of an adverse decision; and all other
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
24 every right set forth above.

25 CULPABILITY

26 9. Respondent admits the truth of each and every charge and allegation in Accusation
27 No. 2012 169.

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10. Respondent agrees that her Registered Nurse License is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

RESERVATION

11. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board of Registered Nursing or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board of Registered Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Registered Nursing may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

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1 In consideration of the foregoing admissions and stipulations, the parties agree that the
2 Board may, without further notice or formal proceeding, issue and enter the following
3 Disciplinary Order:

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Registered Nurse License No. 640155 issued to
6 Respondent Vicki Lynn Hopkins, aka Vicki Lynn Turner (Respondent) is revoked. However, the
7 revocation is stayed and Respondent is placed on probation for three (3) years on the following
8 terms and conditions.

9 **Severability Clause.** Each condition of probation contained herein is a separate and
10 distinct condition. If any condition of this Order, or any application thereof, is declared
11 unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other
12 applications thereof, shall not be affected. Each condition of this Order shall separately be valid
13 and enforceable to the fullest extent permitted by law.

14 1. **Obey All Laws.** Respondent shall obey all federal, state and local laws. A full and
15 detailed account of any and all violations of law shall be reported by Respondent to the Board in
16 writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with
17 this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within
18 45 days of the effective date of the decision, unless previously submitted as part of the licensure
19 application process.

20 **Criminal Court Orders:** If Respondent is under criminal court orders, including
21 probation or parole, and the order is violated, this shall be deemed a violation of these probation
22 conditions, and may result in the filing of an accusation and/or petition to revoke probation.

23 2. **Comply with the Board's Probation Program.** Respondent shall fully comply with
24 the conditions of the Probation Program established by the Board and cooperate with
25 representatives of the Board in its monitoring and investigation of the Respondent's compliance
26 with the Board's Probation Program. Respondent shall inform the Board in writing within no
27 more than 15 days of any address change and shall at all times maintain an active, current license
28 status with the Board, including during any period of suspension.

1 Upon successful completion of probation, Respondent's license shall be fully restored.

2 **3. Report in Person.** Respondent, during the period of probation, shall appear in
3 person at interviews/meetings as directed by the Board or its designated representatives.

4 **4. Residency, Practice, or Licensure Outside of State.** Periods of residency or
5 practice as a registered nurse outside of California shall not apply toward a reduction of this
6 probation time period. Respondent's probation is tolled, if and when she resides outside of
7 California. Respondent must provide written notice to the Board within 15 days of any change of
8 residency or practice outside the state, and within 30 days prior to re-establishing residency or
9 returning to practice in this state.

10 Respondent shall provide a list of all states and territories where she has ever been licensed
11 as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide
12 information regarding the status of each license and any changes in such license status during the
13 term of probation. Respondent shall inform the Board if she applies for or obtains a new nursing
14 license during the term of probation.

15 **5. Submit Written Reports.** Respondent, during the period of probation, shall submit
16 or cause to be submitted such written reports/declarations and verification of actions under
17 penalty of perjury, as required by the Board. These reports/declarations shall contain statements
18 relative to Respondent's compliance with all the conditions of the Board's Probation Program.
19 Respondent shall immediately execute all release of information forms as may be required by the
20 Board or its representatives.

21 Respondent shall provide a copy of this Decision to the nursing regulatory agency in every
22 state and territory in which she has a registered nurse license.

23 **6. Function as a Registered Nurse.** Respondent, during the period of probation, shall
24 engage in the practice of registered nursing in California for a minimum of 24 hours per week for
25 6 consecutive months or as determined by the Board.

26 For purposes of compliance with the section, "engage in the practice of registered nursing"
27 may include, when approved by the Board, volunteer work as a registered nurse, or work in any
28 non-direct patient care position that requires licensure as a registered nurse.

1 The Board may require that advanced practice nurses engage in advanced practice nursing
2 for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

3 If Respondent has not complied with this condition during the probationary term, and
4 Respondent has presented sufficient documentation of her good faith efforts to comply with this
5 condition, and if no other conditions have been violated, the Board, in its discretion, may grant an
6 extension of Respondent's probation period up to one year without further hearing in order to
7 comply with this condition. During the one year extension, all original conditions of probation
8 shall apply.

9 **7. Employment Approval and Reporting Requirements.** Respondent shall obtain
10 prior approval from the Board before commencing or continuing any employment, paid or
11 voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all
12 performance evaluations and other employment related reports as a registered nurse upon request
13 of the Board.

14 Respondent shall provide a copy of this Decision to her employer and immediate
15 supervisors prior to commencement of any nursing or other health care related employment.

16 In addition to the above, Respondent shall notify the Board in writing within seventy-two
17 (72) hours after she obtains any nursing or other health care related employment. Respondent
18 shall notify the Board in writing within seventy-two (72) hours after she is terminated or
19 separated, regardless of cause, from any nursing, or other health care related employment with a
20 full explanation of the circumstances surrounding the termination or separation.

21 **8. Supervision.** Respondent shall obtain prior approval from the Board regarding
22 Respondent's level of supervision and/or collaboration before commencing or continuing any
23 employment as a registered nurse, or education and training that includes patient care.

24 Respondent shall practice only under the direct supervision of a registered nurse in good
25 standing (no current discipline) with the Board of Registered Nursing, unless alternative methods
26 of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are
27 approved.

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1 Respondent's level of supervision and/or collaboration may include, but is not limited to the
2 following:

3 (a) Maximum - The individual providing supervision and/or collaboration is present in
4 the patient care area or in any other work setting at all times.

5 (b) Moderate - The individual providing supervision and/or collaboration is in the patient
6 care unit or in any other work setting at least half the hours Respondent works.

7 (c) Minimum - The individual providing supervision and/or collaboration has person-to-
8 person communication with Respondent at least twice during each shift worked.

9 (d) Home Health Care - If Respondent is approved to work in the home health care
10 setting, the individual providing supervision and/or collaboration shall have person-to-person
11 communication with Respondent as required by the Board each work day. Respondent shall
12 maintain telephone or other telecommunication contact with the individual providing supervision
13 and/or collaboration as required by the Board during each work day. The individual providing
14 supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to
15 patients' homes visited by Respondent with or without Respondent present.

16 9. **Employment Limitations.** Respondent shall not work for a nurse's registry, in any
17 private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse,
18 or for an in-house nursing pool.

19 Respondent shall not work for a licensed home health agency as a visiting nurse unless the
20 registered nursing supervision and other protections for home visits have been approved by the
21 Board. Respondent shall not work in any other registered nursing occupation where home visits
22 are required.

23 Respondent shall not work in any health care setting as a supervisor of registered nurses.
24 The Board may additionally restrict Respondent from supervising licensed vocational nurses
25 and/or unlicensed assistive personnel on a case-by-case basis.

26 Respondent shall not work as a faculty member in an approved school of nursing or as an
27 instructor in a Board approved continuing education program.

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1 Respondent shall work only on a regularly assigned, identified and predetermined
2 worksite(s) and shall not work in a float capacity.

3 If Respondent is working or intends to work in excess of 40 hours per week, the Board may
4 request documentation to determine whether there should be restrictions on the hours of work.

5 **10. Complete a Nursing Course(s).** Respondent, at her own expense, shall enroll and
6 successfully complete a course(s) relevant to the practice of registered nursing no later than six
7 months prior to the end of her probationary term.

8 Respondent shall obtain prior approval from the Board before enrolling in the course(s).
9 Respondent shall submit to the Board the original transcripts or certificates of completion for the
10 above required course(s). The Board shall return the original documents to Respondent after
11 photocopying them for its records.

12 **11. Cost Recovery.** Respondent shall pay to the Board costs associated with its
13 investigation and enforcement pursuant to Business and Professions Code section 125.3 in the
14 amount of \$15,742.00. Respondent shall be permitted to pay these costs in a payment plan
15 approved by the Board, with payments to be completed no later than three months prior to the end
16 of the probation term.

17 If Respondent has not complied with this condition during the probationary term, and
18 Respondent has presented sufficient documentation of her good faith efforts to comply with this
19 condition, and if no other conditions have been violated, the Board, in its discretion, may grant an
20 extension of Respondent's probation period up to one year without further hearing in order to
21 comply with this condition. During the one year extension, all original conditions of probation
22 will apply.

23 **12. Violation of Probation.** If Respondent violates the conditions of her probation, the
24 Board after giving Respondent notice and an opportunity to be heard, may set aside the stay order
25 and impose the stayed discipline (revocation/suspension) of Respondent's license.

26 If during the period of probation, an accusation or petition to revoke probation has been
27 filed against Respondent's license or the Attorney General's Office has been requested to prepare
28 an accusation or petition to revoke probation against Respondent's license, the probationary

1 period shall automatically be extended and shall not expire until the accusation or petition has
2 been acted upon by the Board.

3 **13. License Surrender.** During Respondent's term of probation, if she ceases practicing
4 due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation,
5 Respondent may surrender her license to the Board. The Board reserves the right to evaluate
6 Respondent's request and to exercise its discretion whether to grant the request, or to take any
7 other action deemed appropriate and reasonable under the circumstances, without further hearing.
8 Upon formal acceptance of the tendered license and wall certificate, Respondent will no longer be
9 subject to the conditions of probation.

10 Surrender of Respondent's license shall be considered a disciplinary action and shall
11 become a part of Respondent's license history with the Board. A registered nurse whose license
12 has been surrendered may petition the Board for reinstatement no sooner than the following
13 minimum periods from the effective date of the disciplinary decision:

14 (1) Two years for reinstatement of a license that was surrendered for any reason other
15 than a mental or physical illness; or

16 (2) One year for a license surrendered for a mental or physical illness.

17 **14. Physical Examination.** Within 45 days of the effective date of this Decision,
18 Respondent, at her expense, shall have a licensed physician, nurse practitioner, or physician
19 assistant, who is approved by the Board before the assessment is performed, submit an
20 assessment of the Respondent's physical condition and capability to perform the duties of a
21 registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If
22 medically determined, a recommended treatment program will be instituted and followed by the
23 Respondent with the physician, nurse practitioner, or physician assistant providing written reports
24 to the Board on forms provided by the Board.

25 If Respondent is determined to be unable to practice safely as a registered nurse, the
26 licensed physician, nurse practitioner, or physician assistant making this determination shall
27 immediately notify the Board and Respondent by telephone, and the Board shall request that the
28 Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall

1 immediately cease practice and shall not resume practice until notified by the Board. During this
2 period of suspension, Respondent shall not engage in any practice for which a license issued by
3 the Board is required until the Board has notified Respondent that a medical determination
4 permits Respondent to resume practice. This period of suspension will not apply to the reduction
5 of this probationary time period.

6 If Respondent fails to have the above assessment submitted to the Board within the 45-day
7 requirement, Respondent shall immediately cease practice and shall not resume practice until
8 notified by the Board. This period of suspension will not apply to the reduction of this
9 probationary time period. The Board may waive or postpone this suspension only if significant,
10 documented evidence of mitigation is provided. Such evidence must establish good faith efforts
11 by Respondent to obtain the assessment, and a specific date for compliance must be provided.
12 Only one such waiver or extension may be permitted.

13 **15. Participate in Treatment/Rehabilitation Program for Chemical Dependence.**

14 Respondent, at her expense, shall successfully complete during the probationary period or shall
15 have successfully completed prior to commencement of probation a Board-approved
16 treatment/rehabilitation program of at least six months duration. As required, reports shall be
17 submitted by the program on forms provided by the Board. If Respondent has not completed a
18 Board-approved treatment/rehabilitation program prior to commencement of probation,
19 Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program.
20 If a program is not successfully completed within the first nine months of probation, the Board
21 shall consider Respondent in violation of probation.

22 Based on Board recommendation, each week Respondent shall be required to attend at least
23 one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous,
24 Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board.
25 If a nurse support group is not available, an additional 12-step meeting or equivalent shall be
26 added. Respondent shall submit dated and signed documentation confirming such attendance to
27 the Board during the entire period of probation. Respondent shall continue with the recovery plan

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1 recommended by the treatment/rehabilitation program or a licensed mental health examiner
2 and/or other ongoing recovery groups.

3 **16. Abstain from Use of Psychotropic (Mood-Altering) Drugs.** Respondent shall
4 completely abstain from the possession, injection or consumption by any route of all controlled
5 substances and all psychotropic (mood altering) drugs, including alcohol, except when the same
6 are ordered by a health care professional legally authorized to do so as part of documented
7 medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14)
8 days, by the prescribing health professional, a report identifying the medication, dosage, the date
9 the medication was prescribed, the Respondent's prognosis, the date the medication will no
10 longer be required, and the effect on the recovery plan, if appropriate.

11 Respondent shall identify for the Board a single physician, nurse practitioner or physician
12 assistant who shall be aware of Respondent's history of substance abuse and will coordinate and
13 monitor any prescriptions for Respondent for dangerous drugs, controlled substances or mood-
14 altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report
15 to the Board on a quarterly basis Respondent's compliance with this condition. If any substances
16 considered addictive have been prescribed, the report shall identify a program for the time limited
17 use of any such substances.

18 The Board may require the single coordinating physician, nurse practitioner, or physician
19 assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive
20 medicine.

21 **17. Submit to Tests and Samples.** Respondent, at her expense, shall participate in a
22 random, biological fluid testing or a drug screening program which the Board approves. The
23 length of time and frequency will be subject to approval by the Board. Respondent is responsible
24 for keeping the Board informed of Respondent's current telephone number at all times.
25 Respondent shall also ensure that messages may be left at the telephone number when she is not
26 available and ensure that reports are submitted directly by the testing agency to the Board, as
27 directed. Any confirmed positive finding shall be reported immediately to the Board by the
28 program and Respondent shall be considered in violation of probation.

1 In addition, Respondent, at any time during the period of probation, shall fully cooperate
2 with the Board or any of its representatives, and shall, when requested, submit to such tests and
3 samples as the Board or its representatives may require for the detection of alcohol, narcotics,
4 hypnotics, dangerous drugs, or other controlled substances.

5 If Respondent has a positive drug screen for any substance not legally authorized and not
6 reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board
7 files a petition to revoke probation or an accusation, the Board may suspend Respondent from
8 practice pending the final decision on the petition to revoke probation or the accusation. This
9 period of suspension will not apply to the reduction of this probationary time period.

10 If Respondent fails to participate in a random, biological fluid testing or drug screening
11 program within the specified time frame, Respondent shall immediately cease practice and shall
12 not resume practice until notified by the Board. After taking into account documented evidence
13 of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may
14 suspend Respondent from practice pending the final decision on the petition to revoke probation
15 or the accusation. This period of suspension will not apply to the reduction of this probationary
16 time period.

17 **18. Mental Health Examination.** Respondent shall, within 45 days of the effective date
18 of this Decision, have a mental health examination including psychological testing as appropriate
19 to determine her capability to perform the duties of a registered nurse. The examination will be
20 performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by
21 the Board. The examining mental health practitioner will submit a written report of that
22 assessment and recommendations to the Board. All costs are the responsibility of Respondent.
23 Recommendations for treatment, therapy or counseling made as a result of the mental health
24 examination will be instituted and followed by Respondent.

25 If Respondent is determined to be unable to practice safely as a registered nurse, the
26 licensed mental health care practitioner making this determination shall immediately notify the
27 Board and Respondent by telephone, and the Board shall request that the Attorney General's
28 office prepare an accusation or petition to revoke probation. Respondent shall immediately cease

1 practice and may not resume practice until notified by the Board. During this period of
2 suspension, Respondent shall not engage in any practice for which a license issued by the Board
3 is required, until the Board has notified Respondent that a mental health determination permits
4 Respondent to resume practice. This period of suspension will not apply to the reduction of this
5 probationary time period.

6 If Respondent fails to have the above assessment submitted to the Board within the 45-day
7 requirement, Respondent shall immediately cease practice and shall not resume practice until
8 notified by the Board. This period of suspension will not apply to the reduction of this
9 probationary time period. The Board may waive or postpone this suspension only if significant,
10 documented evidence of mitigation is provided. Such evidence must establish good faith efforts
11 by Respondent to obtain the assessment, and a specific date for compliance must be provided.
12 Only one such waiver or extension may be permitted.

13 **19. Therapy or Counseling Program.** Respondent, at her expense, shall participate in
14 an on-going counseling program until such time as the Board releases her from this requirement
15 and only upon the recommendation of the counselor. Written progress reports from the counselor
16 will be required at various intervals.

17 ACCEPTANCE

18 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
19 discussed it with my attorney, Robert L. Freeman, Esq.. I understand the stipulation and the
20 effect it will have on my Registered Nurse License. I enter into this Stipulated Settlement and

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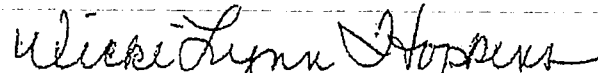
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Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
Decision and Order of the Board of Registered Nursing.

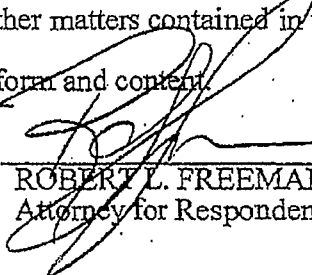
DATED: 11-16-12



VICKI LYNN HOPKINS, AKA VICKI LYNN
TURNER
Respondent

I have read and fully discussed with Respondent Vicki Lynn Hopkins, aka Vicki Lynn
Turner the terms and conditions and other matters contained in the above Stipulated Settlement
and Disciplinary Order. I approve its form and content.

DATED: 11/16/12


ROBERT L. FREEMAN, Esq.
Attorney for Respondent

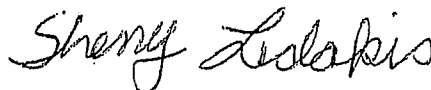
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
submitted for consideration by the Board of Registered Nursing of the Department of Consumer
Affairs.

Dated: 11/19/2012

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
LINDA K. SCHNEIDER
Supervising Deputy Attorney General



SHERRY L. LEDAKIS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 2012 169

1 KAMALA D. HARRIS
Attorney General of California
2 LINDA K. SCHNEIDER
Supervising Deputy Attorney General
3 SHERRY L. LEDAKIS
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4 State Bar No. 131767
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6 San Diego, CA 92186-5266
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7 Facsimile: (619) 645-2061
Attorneys for Complainant

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9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

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12 In the Matter of the Accusation Against:

Case No.

2012-169

13 **VICKI LYNN HOPKINS, AKA VICKI**
LYNN TURNER
14 **239 South Grape**
Escondido, CA 92025

ACCUSATION

15 **Registered Nurse License No. 640155**

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
21 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
22 Consumer Affairs.

23 2. On or about July 13, 2004, the Board of Registered Nursing issued Registered Nurse
24 License Number 640155 to Vicki Lynn Hopkins, aka Vicki Lynn Turner (Respondent). The
25 Registered Nurse License was in full force and effect at all times relevant to the charges brought
26 herein and will expire on January 31, 2012, unless renewed.

27 ///

28 ///

JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2750 of the Code states:

Every certificate holder or licensee, including licensees holding temporary licenses, or licensees holding licenses placed in an inactive status, may be disciplined as provided in this article [Article 3 of the Nursing Practice Act (Bus. & Prof Code, § 2700 et seq.)]. As used in this article, "license" includes certificate, registration, or any other authorization to engage in practice regulated by this chapter. The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code [the Administrative Procedure Act], and the board shall have all the powers granted therein.

5. Section 2764 of the Code states:

The lapsing or suspension of a license by operation of law or by order or decision of the board or a court of law, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to proceed with any investigation of or action or disciplinary proceeding against such license, or to render a decision suspending or revoking such license.

6. Section 2811(b) of the Code states:

(b) Each such license not renewed in accordance with this section shall expire but may within a period of eight years thereafter be reinstated upon payment of the biennial renewal fee and penalty fee required by this chapter and upon submission of such proof of the applicant's qualifications as may be required by the board, except that during such eight-year period no examination shall be required as a condition for the reinstatement of any such expired license which has lapsed solely by reason of nonpayment of the renewal fee. After the expiration of such eight-year period the board may require as a condition of reinstatement that the applicant pass such examination as it deems necessary to determine his present fitness to resume the practice of professional nursing.

STATUTORY PROVISIONS

7. Section 2761 of the Code states:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions.

....

1 8. Section 2762 of the Code states:

2 In addition to other acts constituting unprofessional conduct within the
3 meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a
4 person licensed under this chapter to do any of the following:

5 (a) Obtain or possess in violation of law, or prescribe, or except as directed by
6 a licensed physician and surgeon, dentist, or podiatrist administer to himself or
7 herself, or furnish or administer to another, any controlled substance as defined in
8 Division 10 (commencing with Section 11000) of the Health and Safety Code or any
9 dangerous drug or dangerous device as defined in Section 4022.

10 (b) Use any controlled substance as defined in Division 10 (commencing with
11 Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous
12 device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner
13 dangerous or injurious to himself or herself, any other person, or the public or to the
14 extent that such use impairs his or her ability to conduct with safety to the public the
15 practice authorized by his or her license.

16

17 9. California Code of Regulations, title 16, Section 1442 states:

18 As used in Section 2761 of the code, "gross negligence" includes an extreme
19 departure from the standard of care which, under similar circumstances, would have
20 ordinarily been exercised by a competent registered nurse. Such an extreme departure
21 means the repeated failure to provide nursing care as required or failure to provide
22 care or to exercise ordinary precaution in a single situation which the nurse knew, or
23 should have known, could have jeopardized the client's health or life.

24 10. California Code of Regulations, title 16, Section 1442 states:

25 As used in Section 2761 of the code, "incompetence" means the lack of
26 possession of or the failure to exercise that degree of learning, skill, care and
27 experience ordinarily possessed and exercised by a competent registered nurse as
28 described in Section 1443.5.

11. California Code of Regulations, title 16, Section 1443.5 states:

A registered nurse shall be considered to be competent when he/she
consistently demonstrates the ability to transfer scientific knowledge from social,
biological and physical sciences in applying the nursing process, as follows:

(1) Formulates a nursing diagnosis through observation of the client's physical
condition and behavior, and through interpretation of information obtained from the
client and others, including the health team.

1 (2) Formulates a care plan, in collaboration with the client, which ensures that
2 direct and indirect nursing care services provide for the client's safety, comfort,
3 hygiene, and protection, and for disease prevention and restorative measures.

4 (3) Performs skills essential to the kind of nursing action to be taken, explains
5 the health treatment to the client and family and teaches the client and family how to
6 care for the client's health needs.

7 (4) Delegates tasks to subordinates based on the legal scopes of practice of the
8 subordinates and on the preparation and capability needed in the tasks to be
9 delegated, and effectively supervises nursing care being given by subordinates.

10 (5) Evaluates the effectiveness of the care plan through observation of the
11 client's physical condition and behavior, signs and symptoms of illness, and reactions
12 to treatment and through communication with the client and health team members,
13 and modifies the plan as needed.

14 (6) Acts as the client's advocate, as circumstances require, by initiating action
15 to improve health care or to change decisions or activities which are against the
16 interests or wishes of the client, and by giving the client the opportunity to make
17 informed decisions about health care before it is provided.

18 12. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
19 administrative law judge to direct a licentiate found to have committed a violation or violations of
20 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
21 enforcement of the case.

22 DRUGS

23 13. Heroin, is a Schedule I controlled substance under California Health and Safety Code
24 section 11054(c)(11), and is classified as a dangerous drug pursuant to Code section 4022.
25 Heroin is chemically known as diacetylmorphine, and was originally manufactured as a substitute
26 for morphine.

27 14. Oxycontin, a brand name for oxycodone, is a Schedule II controlled substance under
28 Health and Safety Code section 11055(b)(1)(M), and is classified as a dangerous drug pursuant to
Code section 4022. Oxycontin is used to treat moderate to severe pain.

15 15. Vicodin, a brand name for acetaminophen and hydrocodone bitartrate, is a Schedule
16 III controlled substance under Health and Safety Code Section 11056(e)(4), and is classified as a
17 dangerous drug pursuant to Code section 4022. Vicodin is used to treat pain.

18 16. Suboxone/Subutex is a brand name for buprenorphine. Buprenorphine is a Schedule
19 III controlled substance and narcotic as defined by section 11056 of the Health and Safety Code,

1 and a Schedule III controlled substance as defined by section 1308.13 of Title 21 of the Code of
2 Federal Regulations. Buprenorphine is classified as a dangerous drug pursuant to Code section
3 4022. This medication is used to treat narcotic (opioid) dependence. It works by preventing
4 withdrawal symptoms, since the buprenorphine is actually a type of narcotic itself. It is used as
5 part of a complete narcotic dependence treatment plan.

6 **FACTS**

7 17. On or about August 10, 2010, the Board received a complaint claiming that
8 Respondent is a heroin addict, has failed to follow through with drug rehabilitation at Toledo
9 Hospital in Ohio, has Hepatitis C and was terminated from her employment as a registered nurse
10 at Flower Hospital in Sylvania, Ohio. As part of the Board's investigation into the allegations,
11 Respondent's medical records from Toledo Hospital were obtained pursuant to an investigative
12 subpoena and notice to consumer.

13 18. On May 17, 2008, an Emergency Center Report from Toledo Hospital documents
14 under Chief Complaint that Respondent is a "52-year old Caucasian female who is a heroin
15 addict." She states that she stopped using for two years but began using Oxycontin and Vicodin
16 in December of 2007. Respondent admitted to a ten-year history of problems with opiates. She
17 also admitted a past heroin addiction. Respondent stated she had relapsed and was taking four (4)
18 tablets of Oxycontin 40 mg. or 15 tablets of Vicodin daily. Respondent stated she snorted the
19 Oxycontin and swallowed the Vicodin tablets. Respondent reported a history of depression,
20 anxiety and panic attacks and said she had been treated for Hepatitis C. Laboratory studies were
21 positive for opiates. Respondent was admitted to the drug treatment center at the hospital with a
22 diagnosis of "opiate abuse/dependency and anxiety." Respondent signed an agreement to
23 participate in a drug rehabilitation program; however, on the following day, May 18, 2008,
24 Respondent signed herself out of the hospital, against medical advice.

25 **Employment Records from Flower Hospital, Sylvania, Ohio**

26 19. Respondent's employment records from Flower Hospital were obtained via
27 investigative subpoena and notice to consumer. These records reveal that on or about January 4,
28 2007, Respondent began working at Flower Hospital, in Sylvania, Ohio on a full-time basis. On

1 February 14, 2008, Respondent received a Performance Improvement Corrective Action Notice
2 for failing to attend a mandatory meeting. On March 14, 2008, Respondent received a second
3 Corrective Action Notice regarding unexcused absences on December 22, 2007, January 31,
4 2008, February 2, 2008 and March 1-2, 2008. On June 5, 2008, Respondent received a third
5 Performance Improvement Corrective Action Notice for unexcused absences on March 23, 2008,
6 April 12, 2008, April 28, 2008 and May 31, 2008. Respondent was also counseled for sleeping
7 on the job, not calling in timely when she was sick and for her lack of availability when she was
8 "on-call." On September 9, 2008, Respondent was given a fourth Performance Improvement
9 Corrective Action Notice for sleeping on the job on August 27, 2008. On August 27, 2008,
10 Respondent was instructed to report to the emergency department for a fitness for duty evaluation
11 due to her inability to remain alert and awake while on duty, and thereby placing patient safety at
12 risk. Respondent failed to wait for an evaluation by the Emergency Department and instead left
13 the hospital at 4:00 a.m., but clocked out at 7:15 a.m. Respondent was required to call the
14 Director of Nursing on September 2, 2008, but failed to do so.

15 **Treatment of Patients at Flower Hospital in Sylvania, Ohio**

16 20. On October 3, 2008, after being released to return to work, Respondent was working
17 the night shift at Flower Hospital. During her shift, potentially serious nursing errors were made
18 by Respondent and were noted by hospital staff as follows:

19 a. **Patient MR# 2741713** was an eighty-one (81) year old gentleman with severe
20 dementia. This patient was an insulin dependent diabetic and was being treated with IV
21 Vancomycin for pneumonia and pleural effusion. On October 3, 2008, a laboratory technician
22 called Respondent with a critical glucose level for this patient and asked Respondent to read it
23 back to him per hospital policy. Respondent refused and after the technician asked Respondent
24 for her name, Respondent asked the technician to repeat the value a second time. Respondent's
25 nursing notes do not mention the critical blood sugar level. Her nursing notes end at 3:00 a.m.,
26 however the critical blood sugar level was reported to Respondent at 7:00 a.m. Respondent was
27 counseled for this error by her supervisor and a Patient Incident Report was filed against
28 Respondent.

1 b. **Patient MR #147544** was a twenty-five (25) year old pregnant woman who was
2 being treated for a urinary tract infection. Respondent documented in her chart that this patient
3 required a tube feeding via pump and discharge to an extended care facility/home. There is
4 nothing in the patient's chart indicating that this patient needed, received or required a tube
5 feeding or discharge to an extended care facility. Respondent documented the wrong information
6 in the wrong patient chart.

7 c. **Patient MR# 8271013** was a 49 year old female admitted for care related to breast
8 cancer on her right side. Respondent reported that this patient had a port inserted in the operating
9 room on October 3, 2008. The patient had a well healed port that could be accessed for blood
10 draws; however, this port had been in place for six months. Respondent hung IV Ancef that was
11 to be infused for this patient at 5:00 a.m. The IV Ancef was found at 8:00 a.m. with the clamp
12 shut stopping the Ancef from being infused as ordered. This patient had telemetry ordered;
13 however, Respondent failed to turn it on at the desk/monitor and she failed to run a strip for the
14 patient's chart as required. Respondent's charting was described as "scribbles in the chart."

15 d. **Patient MR# 2531896** was a 64 year old male admitted through the Emergency
16 Room with a diagnosis of syncopal episode on October 2, 2008 at 4:15 a.m. Respondent charted
17 that on October 3, 2008 at 5:00 a.m. she took the patient's vital signs, completed an assessment
18 and reviewed the database. Respondent placed the leads for telemetry; however, she failed to turn
19 it on for monitoring at the desk or to put the patient's name on the screen. Respondent did not
20 call for the physician's orders for this patient until 8:30 a.m. The emergency room orders expired
21 at 7:00 a.m. Moreover, this patient was received by Respondent at 4:15 a.m. however,
22 documentation does not begin until 5:00 a.m. Additionally, Fall/Risk Assessment and respiratory
23 assessment are not addressed, although Respondent's chart note documents that these items were
24 completed.

25 21. On December 16, 2008, Respondent was terminated from her employment at Flower
26 Hospital for poor job performance.

27 22. On April 5, 2011, during an interview with an investigator for the Board, Respondent
28 stated that she has used Suboxone in the past for the purpose of assisting her "natural endorphin

1 receptors recover their function.” Respondent admitted that she currently keeps Suboxone on
2 hand “just in case.”

3 23. The Department of Justice’s Controlled Substances Utilization Review & Evaluation
4 System (CURES)¹ for Respondent shows that she was prescribed Suboxone regularly between
5 August 2010 through August 22, 2011. The CURES report was printed out on September 20,
6 2011.

7 **Bastrop Medical Clinic Records**

8 24. Respondent’s medical records from Dr. A.B., M.D., at the Bastrop Medical Clinic
9 were also obtained via an investigative subpoena and notice to consumer. These records reveal
10 that on May 18, 2010, Respondent received a refill of her Suboxone from Dr. A.B.. On this date
11 she filled out a Health History questionnaire stating she has a past history of chemical
12 dependency and Hepatitis C. Respondent signed a Patient Treatment Contract agreeing to
13 participant in a buprenorphine treatment program for opioid misuse and dependence. As part of
14 her health history, Respondent lists daily medications of Suboxone 8mg/2mg. In the chart notes
15 there is a reference to past consumption of 16 mg Suboxone daily and over the past five months
16 reduction to the 8 mg dose. Additionally it is recorded that Respondent had taken the medication
17 for over one year.

18 **FIRST CAUSE FOR DISCIPLINE**

19 (Gross Negligence)

20 25. Respondent is subject to disciplinary action under section 2761(a)(1) of the Code in
21 that Respondent was grossly negligent in her care and treatment of patients at Flower Hospital on
22 October 3, 2008, as follows:

23 ¹ In California, consumer drug purchasing is monitored by CURES which is a California
24 Department of Justice computer database that contains entries of drugs that are dispensed to
25 purchasers in California. The Prescription Drug Monitoring Program (PDMP) aspect of CURES,
26 allows pre-registered licensed healthcare prescribers, pharmacists, law enforcement, and
27 regulatory boards to access real-time patient controlled substance history information in order to
28 make better prescribing decisions and cut down on prescription drug abuse in California. The
role of the PDMP entrusts that well informed prescribers and pharmacists can and will use their
professional expertise to evaluate their patients care and assist those patients who may be abusing
controlled substances.

1 a. Respondent failed to follow established protocols by initially failing to repeat
2 and document in the nursing notes a critical blood sugar level for Patient MR#2741713 as alleged
3 more fully in paragraph 20a, above.

4 b. Respondent falsely reported Patient MR#8271013 as having a recent port
5 insertion when such was not the case. There are significantly different nursing considerations for
6 a patient who has had a recent port insertion procedure versus someone who has had a port
7 insertion six months previously, as alleged more fully in paragraph 20c, above.

8 c. Respondent failed to monitor telemetry as ordered for Patient MR#8271013
9 thereby placing the patient in danger of having an unrecognized cardiac event, as alleged more
10 fully in paragraph 20c, above.

11 d. Respondent failed to monitor telemetry as ordered for Patient MR#2531896
12 thereby placing the patient in danger of having an unrecognized cardiac event, as alleged more
13 fully in paragraph 20d, above. .

14 SECOND CAUSE FOR DISCIPLINE

15 (Incompetence)

16 26. Respondent is subject to disciplinary action under section 2761(a)(1) in that
17 Respondent was incompetent in providing care and treatment of Patient MR#147544 at Flower
18 Hospital on October 3, 2008, by failing to document the correct information in the correct patient
19 chart and thereby calling into question whether Respondent treated the correct patient with the
20 correct medication and modalities, as set forth above in paragraph 20b.

21 THIRD CAUSE FOR DISCIPLINE

22 (Unlawfully Obtaining/Possession of Controlled Substances)

23 27. Respondent is subject to disciplinary action under section 2762(a) in that she obtained
24 or possessed in violation of law and administered to herself, any controlled substance as defined
25 in Division 10 (commencing with Section 11000) of the Health and Safety Code, as set forth
26 above in paragraph 18.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 (Abuse of Controlled Substances)

3 28. Respondent is subject to disciplinary action under section 2762(b) in that she used
4 any controlled substance as defined in Division 10 (commencing with Section 11000) of the
5 Health and Safety Code, or any dangerous drug as defined in Section 4022 to an extent or in a
6 manner dangerous or injurious to herself, any other persons, or the public or to the extent that
7 such use impaired her ability to conduct with safety to the public the practice authorized by her
8 license, as set forth above in paragraphs 18 through 24.

9 **FIFTH CAUSE FOR DISCIPLINE**

10 (Unprofessional Conduct)

11 29. Respondent is subject to disciplinary action under section 2761(a) in that she acted
12 unprofessionally in providing care and treatment of patients at Flower Hospital on October 3,
13 2008, as set forth below:

14 a. In her care and treatment of Patient MR#147544, Respondent failed to ensure
15 that she was documenting the correct information for the correct patient in the correct patient's
16 chart.

17 b. In her care and treatment of Patient MR#8271013, Respondent's documentation
18 is overall sloppy, words appear to be written over, and other entries are unintelligible.

19 c. In her care and treatment of Patient MR#2531896, Respondent failed to timely
20 document that she received the patient at 4:15 a.m., and she did not provide any documentation
21 until 5:00 a.m.

22 d. In her care and treatment of Patient MR#2531896, Respondent did not call for
23 the physician's orders for this patient until 8:30 a.m., even though the emergency room orders
24 expired at 7:00 a.m.

25 e. In her care and treatment of Patient MR#2531896, Respondent failed to
26 properly document the Fall/Risk Assessment and respiratory assessment.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 640155, issued to Vicki Lynn Hopkins, aka Vicki Lynn Turner.
2. Ordering Vicki Lynn Hopkins aka Vicki Lynn Turner to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
3. Taking such other and further action as deemed necessary and proper.

DATED: September 22, 2011 
for LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

SD2011801006